pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **TRI-COUNTY RESPITE, INC.**
LEGAL ENTITY

To operate **MT. TREXLER MANOR**
NAME OF FACILITY OR AGENCY

Located at **5201 ST. JOSEPH RD, PO BOX 1001 LIMEPORT, PA 18060**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE | ADDRESS OF SATELLITE SITE

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **90** (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **October 23, 2017** until **April 23, 2018**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **216631**

Robert E. Robinson
ISSUING OFFICER

Jay Bausch
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 12/14

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: OCT 2 3 2017

Mr. Adam Devlin,
President/Owner
Tri-County Respite, Inc.
5201 St. Joseph Road, P.O. Box 1001
Limeport, Pennsylvania 18060

RE: Mt. Trexler Manor
License #: 216631

Dear Mr. Devlin:

As a result of the Department of Human Services' (Department) licensing inspections on May 31, 2017 June 1, 2017, July 12, 2017, and August 17, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #216630 dated August 15, 2017 to August 15, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated August 15, 2017 to August 15, 2018 is NOT reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	= Calculated Fine Per day	Mandated Correction Date (to avoid Fine)
185a	II	64	$5	$320	5 calendar days from mailing date of this letter
187a	II	64	$5	$320	5 calendar days from mailing date of this letter
187c	II	64	$5	$320	5 calendar days from mailing date of this letter
187d	II	64	$5	$320	5 calendar days from mailing date of this letter
227d	III	64	$3	$192	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacqueline Rowe, Bureau Director
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Jacqueline L. Rowe
Director

Enclosures
License
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: MT TREXLER MANOR	**License Number:** 21663
Address: 5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060	**County:** Lehigh
Administrator: Chris Troutman	**Region:** NORTHEAST

Legal Entity Name: TRI COUNTY RESPITE INC

Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060

Certificate(s) of Occupancy

C-2 LP
06/22/1999
L&I

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 63	**Waking Staff:** 47
Type of Inspection: Full	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal, Incident

On-Site Inspections Dates and Department Representatives On-Site

05/31/2017: Novak, Ryan; Rushin, Julienne
06/01/2017: Novak, Ryan; Rushin, Julienne

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 90	**Number of Residents who:**
Number of Residents Served: 63	**Receive Supplemental Security Income:** 10
Secured Dementia Care Unit in Home: No	**Are 60 Years of Age or Older:** 19
Area:	**Have Mental Illness:** 63
Secured Dementia Unit Capacity, if Applicable:	**Have an Intellectual Disability:** 3
Number of Residents Served in Secured Dementia Care Unit, if applicable:	**Have a Mobility Need:** 0
	Have a Physical Disability: 11
Number of Current Hospice Residents: 0	
Number of Hospice Residents in past year: 0	

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The licensing inspection summaries dated 11/16/16, 9/1/16, 8/10/16 and 6/1/16 were not posted in a public conspicous area of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.3(c) the violation was corrected on the date of the inspection. The Administrator and or his/her designee will conduct a monthly audits to ensure all inspection summaries received during the calendar year are posted.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 7-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1's buproprion was not administered on 5/8/17 at 8am and 4pm, on 5/30/17 at 4pm and 5/31/17 at 8am and 4pm.
Resident #1's glipizide 10mg was not administered from 5/22/17-5/31/17 at 4pm.

Resident #2's flonase twice daily was not administered from 8pm on 5/20/17-5/31/17.
Resident #2's 8pm medications were not administered on 5/31/17.

Resident #3's subsolv 5.7-1.4 take 2 tablets once daily was not administered on 5/1-5/2/17 & 5/21-5/23/17 at 5am.

Resident #4's flonase spray once daily was not administered from 5/26-5/31/17.
Resident #4's milk of magnesium once daily was not administered from 5/10-5/31/17.
Resident #4's symbicort aer 160-4.5 inhaler twice daily was not administered from 5/24-5/31/17.

The home did not submit incident reports to the Department regarding the medication errors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.16(c) for residents (1-4) on 6/2/2017 DHS Incident Reports and medication refill verification was submitted to Ryan Novak, Inspector for review (see attachments.)

Resident #1 - Medication ommission was due to the facility not having the medication on site during the time of administration. Delivery 6/1/7 at 3:00 pm for 4:00pm medication administration window. Resident #2 - Medication omission was due to the facility not having the medication on site during the time of administration. Delivery 6/1/7 at 3:00 pm, for 8:00pm medication administration window. Resident#3 - Zubsolv order received on 5/16/17. Medication required prior authorization on 5/20/17. Delivery on 5/24/17. Resident #4 - Medication omission was due to the facility not having the medication on site during the time of administration. On 6/1/2017 at 3:00 pm, the medication was delivered and available to the resident for the 8:00pm medication administration window.

In reference to Resident #1 is a VA outpatient. The medication refill was requested on 5/19/2017 with a delivery date of 10 days post request to refill. In order to better meet resident's medication needs and to improve upon the refill process, effective 6/12/2017 senior Med Tech staff was assigned the coordination task of securing medication refill provisions pre and post adminssions for our VA residents. All requests for medication refill provisions must be made tot he VA pharmacy 10 days prior to end of the monthly supply to prevent the delay in reciept of medicaiton provisions that have resulted in no administration of medication.

Additionally, medication education will be provided on a monthly basis as to medication error reporting to DHS. In May and June at the med tech staff meeting, medication error reporting was reviewed. As part of the discussion staff was instructed to report all medication errors to administration using the medication error report form and to submit the form by the end of shift via adminstrator's mailbox. When medication errors occur on weekends, med room staff must complete the medication error report form and then contact the administrator or designee via telephone so the report can be filed the DHS, within 24 hours, as required by regulation.
Adm will oversee to ensure ongoing compliance. [initials]

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)	[signature] MBA, NHA		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christopher Troutman MBA, NHA	Date	7/6/17

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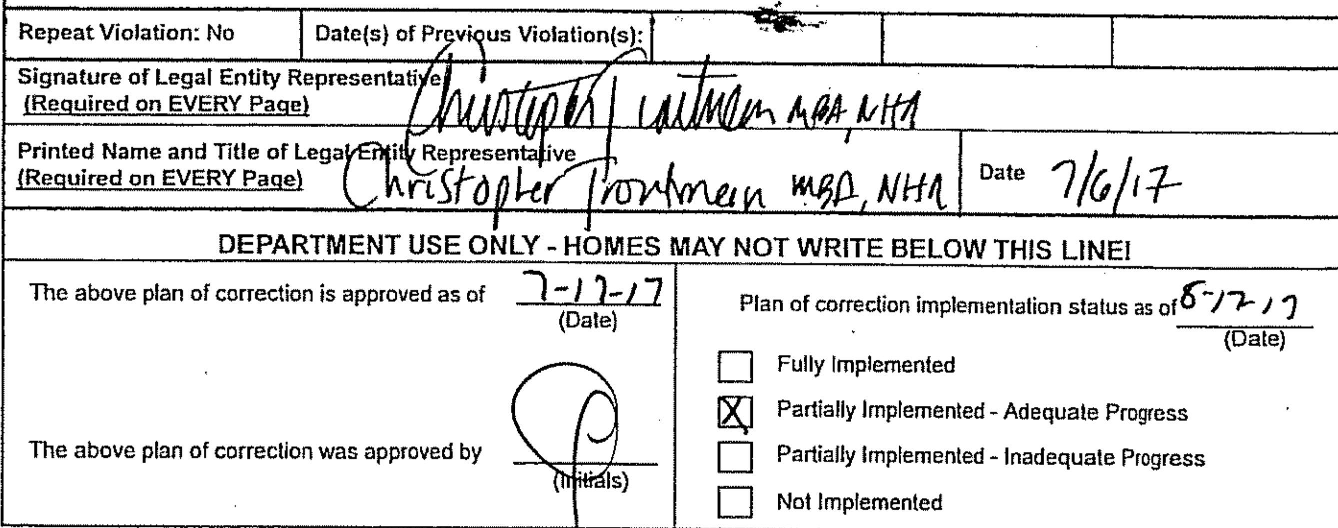
Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
The resident privacy coding document was attached to the licensing inspection summary dated 11/4/15 which was posted on a bulletin board located next to the medication room. The privacy coding document exposes confidential information of the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occuring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.17 the violation was corrected on the date of inspection. The Administrator and or his/her designee will conduct monthly audits to ensure the licensing inspection summary is posted correctly and does not contain the resident privacy coding document.



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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Contract employee A hired 4/13/16 did not have a Pennsylvania State Police Criminal Background Check completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Contract employee A was employed through Service Master Services as a contractor of service. At the time of the inspection employee A was no longer employed by service master. Contract employee A personnel file did contain a background check but it was not in accordance with the PA State Police background verification outlined in the Regulatory Compliance Guide.

As of June 2017 all current employees subcontracted through Service Master currently have a valid PA Criminal Backround Check on file with this facility.

To ensure future compliance, all contract employees will have personnel files verified by the Human Resource Department prior to performing job duties.

adm will oversee to ensure ongoing compliance.
Cf. 7-17-17

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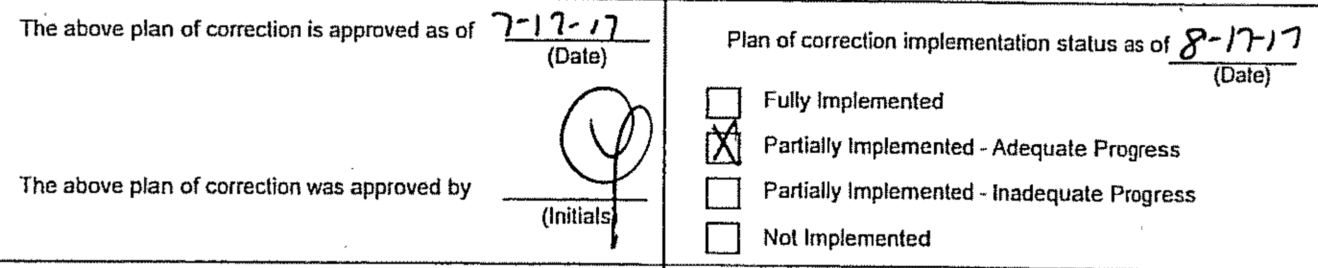
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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Department representative noted dried blood on resident #5's glucometer.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.85(a) the violation was corrected on the date of inspection. To ensure continuing compliance, on June 1, 2017 all residents with a Diabetes diagnosis and a physician's order for a glucometer and diabetic supplies, received new glucometers from West End Pharmacy (new pharmacy provider).

As part of the Pennsylvania Department of Human Service Diabetes Overview training, on a daily basis staff are responsible to educate and provide residents with Bleach towelettes by which to decontaminate blood or bodily fluids from diabetic equipment. Additionally, Med Tech staff are responsible to clean glucometers with Bleach towelettes after each use.

On June 7, 2017 a medication tech task assignment checklist (daily audit), that outlines individual staff responsibilities per shift was implemented. The task assignment checklist includes tasks designed to ensure that sanitary conditions are maintained.

Administrator will oversee to ensure ongoing compliance. Q. 7-17-17

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christopher Troutman MBA, NHA — Date 7/6/17

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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
Department representative noted a 2"x 2" hole at the base of the metal exit door in the stairwell located directly across from the main kitchen. The hole allows access to rodents and insects.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.88(a) the violation was corrected on the date of inspection. A metal plate was temporarily mounted over the hole. On June, 23, 2017 the existing door was replaced with a commerical metal door. To ensure ongoing compliance, all doors and windows will be monitored during routine enviromental rounds.

Use of audit form for environmental rounds & they are being done weekly as per Adm. 7-31-17.

Administrator will oversee to ensure ongoing compliance. [initials] 7-17-17

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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
The Personal Care Home Complaint Hotline number was not updated on the common phones near the Young Adult Office and main dining room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.91 the violation was corrected on the date of inspection. The emergency phone stickers were amended to include the correct and updated telephone number of the Complaint Hotline. All phones will be regularly monitored to ensure continuing compliance in the area.

Another environmental task - being done weekly. (as per adm). 7-31-17

Administrator will oversee to ensure ongoing compliance. [initials] 7-17-17

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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
The freezer located in the kitchen area of the action recovery unit contained a bag of frozen french fries that were not sealed.

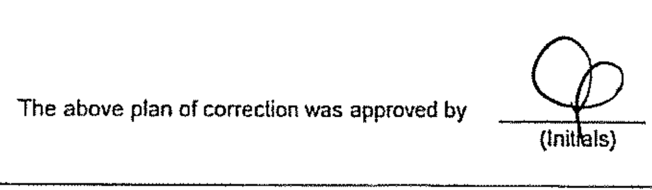
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.103(g) the violation was corrected on the date of inspection. The food was removed from the freezer and discarded in the trash. Additionally, all kitchen and direct care staff will be reeducated as to proper food storage procedures to ensure compliance. The administrator and/or his/her designee will conduct periodic audits to ensure compliance. - @ minimum of monthly

with be dns.

June 26, 17 training RG. 7-31-17

Repeat Violation: No	Date(s) of Previous Violation(s):			



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Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
The action recovery freezer located in the basement contained fried chicken and chicken fingers that were not labeled and dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.103(i) the violation was corrected on the date of inspection. The food was removed from the freezer and discarded in the trash. All kitchen and direct care staff will be reeducated as to proper food storage procedures. The administrator and/or his/her designee will conduct periodic audits to ensure compliance.

June 26, 17   [initials] 7-31-17

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Signature of Legal Entity Representative (Required on EVERY Page): [signature] MBA, NHA

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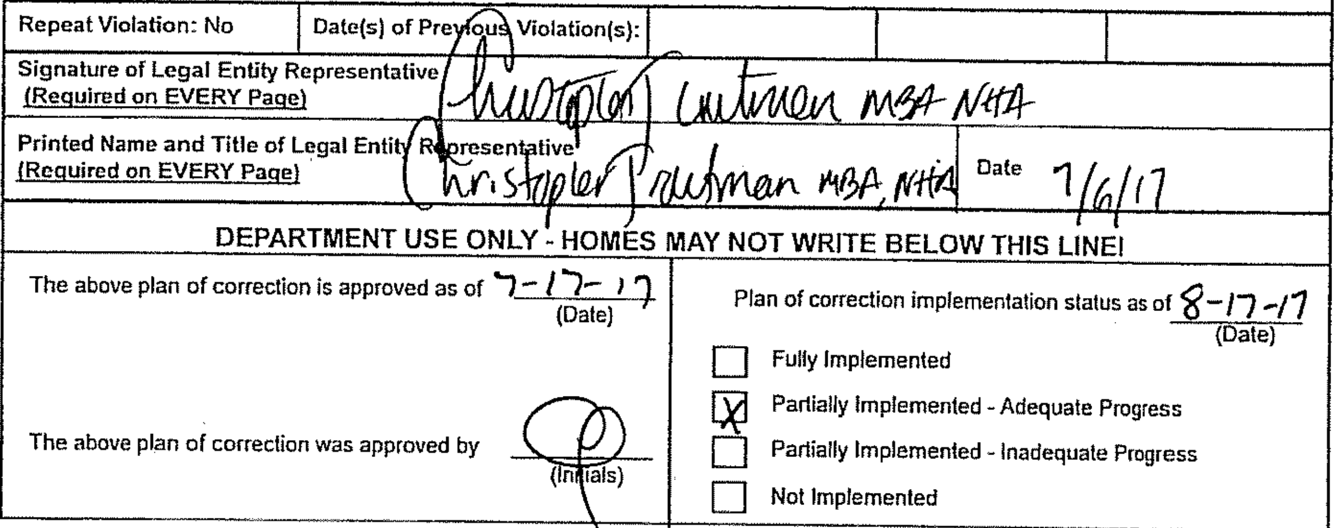
Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
Approximately ½" of lint was caked on each the four exterior clothes dryer vents posing a risk for fire.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.105(g)(2) the violation was corrected on the date of inspection. To ensure compliance, the Administrator and/or his/her designee will conduct weekly audits of the vents for 1 month and monthly audits thereafter for a 6 month period.



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PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

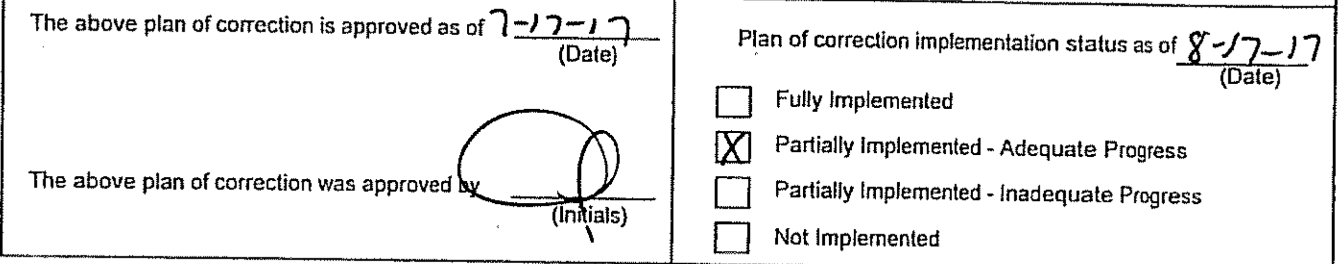
2a. DESCRIPTION OF VIOLATION
Room #214 utilizes a window as an exit in the event of an emergency. The window was blocked by a bed, preventing immediate egress in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.121(a) the violation was corrected on the date of inspection. Resident was relocated from room #214. On June 5, 2017 an administrative determination was made not to utilize Room 214 as part of general resident housing.

On June 14 and June 28, 2017 staff was trained on fire safety procedures which included information on maintaining compliance with Regulation 2600.121 (a). Additionally, fire safety training will be provided on an ongoing basis throughout the calendar year.

QAm. Will oversee to ensure ongoing compliance. Q. 7-17-17



Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Trautman MBA NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Trautman — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by ______ (Initials)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.122 - Unless otherwise regulated by the Department of Labor and Industry, the Department of Health or the appropriate local building authority, all buildings must have at least two independent and accessible exits from every floor, arranged to reduce the possibility that both will be blocked in an emergency situation.

2a. DESCRIPTION OF VIOLATION
Room #'s 214 & 215 utilize windows as an exit in the event of an emergency.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.122 the violation was corrected on the date of inspection. The residents residing in Room #214 and #215 were relocated. On June 5, 2017
an administrative determination was made not to utilize Room #214 and #215 as part of general resident housing.

Adm will oversee to ensure ongoing compliance. [initials] 7-17-17

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA

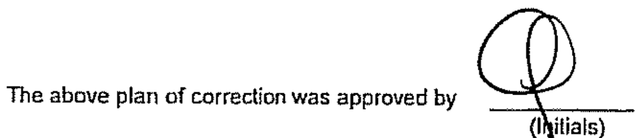
Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented



The above plan of correction was approved by ______ (Initials)

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
A sock and a while tank top were located on top of the dryer duct behind the homes GE dryer located in the basement, posing a possible fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.125 (a) the violation was corrected at the date of inspection. The Administrator and/or his/her designee will conduct a weekly audit for 1 month and monthly thereafter for a 6 month period.

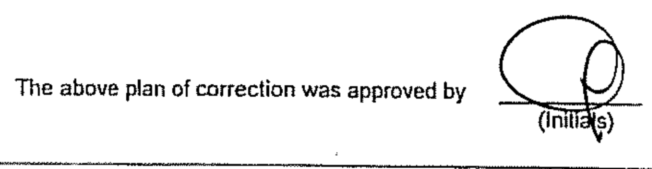
On June 14 and June 28, 2017 staff was trained on fire safety procedures which included information on maintaining compliance with Regulation 2600.125 (a). Additionally, fire safety training will be provided on an ongoing basis throughout the calendar year.

Repeat Violation: No	Date(s) of Previous Violation(s):		

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!



The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by ____ (Initials)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

50 plus extinguished cigarette butts were located on the ground under the dining room back porch.

50 plus extinguished cigarette butts were located on the floor of the smoking shed #1.

20 plus extinguished cigarette butts were located on the floor of the smoking shed #2.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.144(c)(1) the violation was corrected on the date of inspection. To increase better staff management and clean up the smoke schedule was changed from every 2 hours (6am - noon) to 6:45 am, 9:00am,10:30 am, noon and every 2 hrs thereafter.

Additional signage has been posted in areas in which smoking is restricted.

The Administrator and or his/her designee will conduct weekly site audits to ensure compliance.

Staff and Resident education on smoke rules and expectations will be provided on an ongoing basis to improve conditions and maintain compliance.

Administrator will oversee to ensure ongoing compliance. Cq. 7-17-17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2016	06/01/2016

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Kristopher Troutman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

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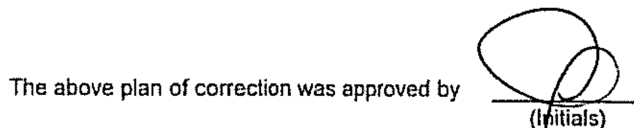


Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
Resident #6's Levemir with an expiration date of 5/31/17 was noted in the medication room refrigerator

Resident #7's Lantus with an expiration date of 5/25/17 was noted in the medication room refrigerator.

The Advair Diskus' prescribed to residents' #8 and #9 were not dated to indicate when they were opened.

Resident #1's tylenol PRN was still available in the home's medication cart, the medication is no longer a current order.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.183(d) the violations were corrected on the date of inspection. Monthly staff meetings (May & June 2017) provided for continuing medication administration training that includes proper storage, labeling and disposal of medication provisions. In order to minimize continuing error, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented with staff and include a variety of tasks including proper dating, disposal of expired medications and verfication that the MARs match the physician order sheets.

Staff currently complete daily and weekly audits. Additionally, the Administrator and or his / her designee will conduct monthly audits to ensure that proper storage, labeling, and disposal practices are being implemented on a routine basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature] MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher [illegible] MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name.
(2) The name of the medication.
(3) The date the prescription was issued.
(4) The prescribed dosage and instructions for administration.
(5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's lantus solostar pen and novolog flex pen did not havea pharmacy label attached.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.184(a) the violation was corrected on the date of inspection. Monthly staff meetings (May & June 2017) provide for continuing medication administration training that includes proper storage and labeling of medication provisions.

In order to minimize continuing errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented.

The Administrator and or his/her designee will conduct monthly audits to ensure that proper storage and labeling practices are being implemented on a routine basis. Additionally, the new pharmacy wil provide double labeling of all diabetic supplies. The pharmacy will label the box, as well as, the individual pens and/or vials.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
The glucometers used for residents' #10 and #11 were not calibrated to the correct date and time.

The blood glucose levels (BGL) for resident #5 were documented incorrectly on the MAR on the following dates and times: on 5/30/17 at 12pm the meter indicates a BGL of 597; "HI" is written on the MAR; on 5/29/17 at 8pm the meter indicates a BGL of 528; 547 is written on the MAR; on 5/25/17 at 8pm the meter indicates a BGL of 542; 452 is written on the MAR
The blood glucose levels (BGL) for resident #12 were documented incorrectly on the MAR on the following dates and times: on 5/31/17 at 8am the meter indicates a BGL of 143; 140 is written on the MAR; on 5/30/17 at 8am the meter indicates a BGL of 187; 185 is written on the MAR; on 5/29/17 at 8am the meter indicates a BGL of 223; 212 is written on the MAR.

Resident #2's PRN Milk of magnesium was not available at the time of the inspection.

Resident #4's PRN hydrocortisone cream 1% was not available at the time of the inspection.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.185(a) for residents (2&4) on 6/2/17 DHS Incident Reports and medication refill verification was submitted to Ryan Novak, Inspector for review (see attachments.)

Resident#2 - Medication omission was due to the facility not having the medication on site and available for administration. Delivery on 6/1/17 at 3:00 pm and available upon request. Resident #4 - Medication omission was due to the facility not having the medication on site and available for administration. Delivery on 6/1/17 at 3:00 pm and available upon request.

In response to residents (5&12), med tech staff meetings (May & June 2017) provided for continuing medication administration training that identifies blood glucose level necessary for accurate documentation purposes. In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits.

Additionally, the Administrator and/or his / her designee conduct monthly audits to ensure that accurate documentation practices are being implemented on a routine basis.

As it pertains to residents (10&11) on June 1, 2017 all residents with a Diabetes diagnosis and a physician's order for a glucometer and diabetic supplies, received new glucometers from West End Pharmacy (new pharmacy provider). As part of the monthly med tech staff meeting (May & June), staff were reeducated to the Pennsylvania Department of Human Service Diabetes Overview training practices establish for meter calibration and accuracy of date and time.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page): [signature] NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MSA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented now v

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.186(c) - Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

2a. DESCRIPTION OF VIOLATION
Resident #4's MAR notes motrin 600mg 1 as needed 3 times daily, the bottle to the medication notes 600mg every 6 hours as needed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In response to Regulation 2600.186(c) resident #4 - on 11/10/16 the original order was documented as motrin 600mg 1 as needed 3 times daily. On 3/28/17 the physician order was changed to motrin 600mg every 6 hours. Staff failed to update the MAR to correspond with the new order. Upon notification the MAR was corrected to ensure proper dosage was provided to Resident #4.

Med tech staff meetings (May & June 2017) provide for continuing medication administration training that outlines accurate physician order transcriptions on the MAR. In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented and it includes a variety of tasks; including verification that medications listed on MARs match the physician order sheets. Staff currently complete daily and weekly audits.

Additionally, the Administrator and or his / her designee conduct monthly audits to ensure that accurate documentation practices are being implemented and followed on a routine basis.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA — Date: 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 6-17-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #5 is to receive Humalog 100ml based on a sliding scale. Review of resident #5's MAR indicates staff is not documenting the units of insulin being administered.

Resident #1's Lithium 150mg & 300mg do not have a diagnosis or purpose listed on the MAR.

Resident #1's tylenol 325mg tablet was listed on the MAR and is not a current order. Resident #1's naproxen 275mg tablet is a current order and is not listed on the June 2017 MAR.

Resident #2 was not in the building on 5/31/17 for the 8pm medication pass, refused was noted on the MAR.

Resident #3's .1mg clonidine PRN is a current order and is not listed on the June 2017 MAR.

Resident #4's 325mg PRN is a current order and is not listed on the June 2017 MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(a) - Resident #1 diagnosis added to MAR,Tylenol 325 mg order was discontinued on the MAR and the Naproxen 275 mg order was added to the MAR. Resident #3 Clonidine 1mg PRN order was added to the MAR. Resident #4 325 PRN order was added to the MAR. Med tech staff meetings (May & June 2017) provide for continuing medication administration training that outlines the importance of accurate documentation of physician orders and MAR's. In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits. Additionally, the Administrator and or his/her designee and the contracted pharmacy will conduct monthly audits to ensure that accurate documentation practices are being implemented and followed on a routine basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2016	06/01/2016

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Trautman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Trautman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented new v

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #2's flonase was initialed as administered on 6/1/17 at 8am, the medication was not available to be administered.

Resident #3's adderall 30mg twice daily was not initialed as administered at the time of administration on 5/30/17 at 1pm and 5/31/17 at 8am. The MAR was initialed on 6/1/17 after this writer requested copies of the May 2017 MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(b) Med tech staff were counseled as to the importance of accurate documentation. Med tech staff meetings (May & June 2017) provided for continuing medication administration training that outlines the importance of accurate documentation of physician orders and MAR's.

In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits.

Additionally, the Administrator and or his / her designee conduct monthly audits to insure that accurate documentation practices are being implemented and followed on a routine basis.

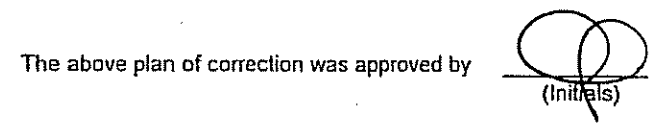
Repeat Violation: No	Date(s) of Previous Violation(s):		

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Kristopher Troutman MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-17-17 (Date)



The above plan of correction was approved by ______ (Initials)

Plan of correction implementation status as of 9-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented new ✓

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #13 is prescribed Humalog based on a sliding scale. Review of the MAR indicates that resident #13 has refused blood glucose testing and insulin the entire month of May 2017. The home failed to document the refusals or contact the resident's physician.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(c) Med tech had verbal communication with the medical team staff and were directed to continue to encourage the resident to comply with the treatment recommendation. On 5/18/2017 Resident #13 had a follow-up appointment with Dr. [redacted], MD for non compliance of insulin sliding scale. On 6/1/17 The facility received a fax from the PCP indicating 1) needs to take his insulin and 2) please arrange for fasting lab work.

Med tech staff meetings (May & June 2017) provide for continuing medication administration training that outlines the steps necessary in notifying prescribing physicians as to resident medication refusals. Staff reeducation includes, daily – per incident notification to physicians via fax transmission, unless otherwise instructed by the physician as to the frequency of notifications.

Also, on a daily basis notification is being shared with the Social Services Department for clinical report purposes and ongoing physician recommendations.

Additionally, in order to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits.

Additionally, the Administrator and or his / her designee conduct monthly audits to ensure that accurate documentation practices are being implemented and followed on a routine basis.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2016	06/01/2016	

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MHA, NHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MHA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-12-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented new V

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1's buproprion was not administered on 5/8/17 at 8am and 4pm, on 5/30/17 at 4pm and 5/31/17 at 8am and 4pm.
Resident #1's glipizide 10mg was not administered from 5/22/17-5/31/17 at 4pm.

Resident #2's flonase twice daily was not administered from 8pm on 5/20/17-5/31/17.
Resident #2's 8pm medications were not administered on 5/31/17.

Resident #3's subsolv 5.7-1.4 take 2 tablets once daily was not administered on 5/1-5/2/17 & 5/21-5/23/17 at 5am.

Resident #4's flonase spray once daily was not administered from 5/26-5/31/17.
Resident #4's milk of magnesium once daily was not administered from 5/10-5/31/17.
Resident #4's symbicort aer 160-4.5 inhaler twice daily was not administered from 5/24-5/31/17.

Resident #10 is to have his/her blood glucose level (BGL) tested 3 times daily (8am, 4pm, 8pm). Review of resident #10's glucometer indicates the resident's BGL was not tested on 5/25/17 at 8am and 4pm.
Resident #5 is to have his/her blood glucose level (BGL) tested 4 times daily (8am, 12pm, 4pm, 8pm). The resident's MAR is not initialed by staff to indicate that his/her BGL was tested on 5/28/17 at 8am, 12pm, 4pm and 8pm.

Upon entering the home at approximately 9:10am staff person B reported that 8am medications were still being administered.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment

Repeat Violation: ~~No~~ Yes	Date(s) of Previous Violation(s):	06/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman — Date 7-31-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-1-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented — new V

P25Ag 27

In accordance with Regulation 2600.187(d) for residents (1-4) on 6/2/2017 DHS Incident Reports and medication refill verification was submitted to Ryan Novak, Inspector for review (see attachments.)

Resident #1 - Medication omission was due to the facility not having the medication on site during the time of administration. Delivery

6/1/7 at 3:00 pm for 4:00pm medication administration window. Resident #2 - Medication omission was due to the facility not having the medication on site during the time of administration. Delivery 6/1/7 at 3:00 pm, for 8:00pm medication administration window. Resident#3 - Zubsolv order received on 5/16/17. Medication required prior authorization on 5/20/17. Delivery on 5/24/17. Resident #4 - Medication omission was due to the facility not having the medication on site during the time of administration. On 6/1/2017 at 3:00 pm, the medication was delivered and available to the resident for the 8:00pm medication administration window.

In response to residents (5&10), med tech staff meetings (May & June 2017) provided for continuing medication administration training that identifies blood glucose level necessary for accurate documentation purposes. In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits.

Additionally, the Administrator and or his / her designee conduct monthly audits to ensure that accurate documentation practices are being implemented on a routine basis.

In reference to Resident #1 is a VA outpatient. The medication refill was requested on 5/19/2017 with a delivery date of 10 days post request to refill. In order to better meet resident's medication needs and to improve on the refill process, effective 6/12/2017 senior Med Tech staff was assigned the coordination task of securing medication refill provisions pre and post admissions for our VA residents. All requests for medication refill provisions must be made to the VA pharmacy 10 days prior to end of the monthly supply to prevent the delay in receipt of medication provisions that have resulted in no administration of medication.

[signature] 7-31-17

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1's buproprion was not administered on 5/8/17 at 8am and 4pm, on 5/30/17 at 4pm and 5/31/17 at 8am and 4pm.
Resident #1's glipizide 10mg was not administered from 5/22/17-5/31/17 at 4pm.

Resident #2's flonase twice daily was not administered from 8pm on 5/20/17-5/31/17.
Resident #2's 8pm medications were not administered on 5/31/17.

Resident #3's subsolv 5.7-1.4 take 2 tablets once daily was not administered on 5/1-5/2/17 & 5/21-5/23/17 at 5am.

Resident #4's flonase spray once daily was not administered from 5/26-5/31/17.
Resident #4's milk of magnesium once daily was not administered from 5/10-5/31/17.
Resident #4's symbicort aer 160-4.5 inhaler twice daily was not administered from 5/24-5/31/17.

The prescriber was not notified regarding the above noted medication errors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

see attachment

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): Christopher J Trautman MBA, NHA, PCHA

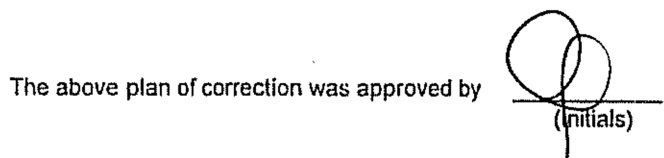
Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman — Date 7-31-17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8-1-17 (Date)

Plan of correction implementation status as of 8-17-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [x] Partially Implemented - Inadequate Progress
- [ ] Not Implemented



The above plan of correction was approved by ______ (Initials)

P26A 8 27

In accordance with Regulation 2600.188(b) for residents (1-4) on 6/2/2017 DHS Incident Reports and medication refill verification was submitted to Ryan Novak, Inspector for review (see attachments.)

Resident #1 - Medication omission was due to the facility not having the medication on site during the time of administration. Delivery 6/1/7 at 3:00pm for 4:00pm medication administration window. Resident #2 - Medication omission was due to the facility not having the medication on site during the time of administration. Delivery 6/1/7 at 3:00 pm, for 8:00pm medication administration window. Resident#3 - Zubsolv order received on 5/16/17. Medication required prior authorization on 5/20/17. Delivery on 5/24/17.

Resident #4 - Medication omission was due to the facility not having the medication on site during the time of administration. On 6/1/2017 at 3:00 pm, the medication was delivered and available to the resident for the 8:00pm medication administration window.

Med tech staff meetings (May & June 2017) provide for continuing medication administration training that outlines accurate physician order transcriptions on the MAR.

In order to continue to reduce errors, on June 7, 2017 a medication tech task assignment checklist (daily audit) that outlines individual staff responsibilities per shift was implemented. Staff currently complete daily and weekly audits. Med Tech were educated during Med Tech Staff meeting on the procedures for reporting all errors to the resident, designate person and prescriber.

Additionally, the Administrator and or his / her designee conduct monthly audits to ensure that accurate documentation and reporting practices are being implemented and followed on a routine basis.

In reference to Resident #1 is a VA outpatient. The medication refill was requested on 5/19/2017 with a delivery date of 10 days post request to refill. In order to better meet resident's medication needs and to improve upon the refill process, effective 6/12/2017 senior Med Tech staff was assigned the coordination task of securing medication refill provisions pre and post admissions for our VA residents. All requests for medication refill provisions must be made to the VA pharmacy 10 days prior to end of the monthly supply to prevent the delay in receipt of medication provisions that have resulted in no administration of medication.

[signature]
7-31-17

Violation Report: 21663 - 05/31/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

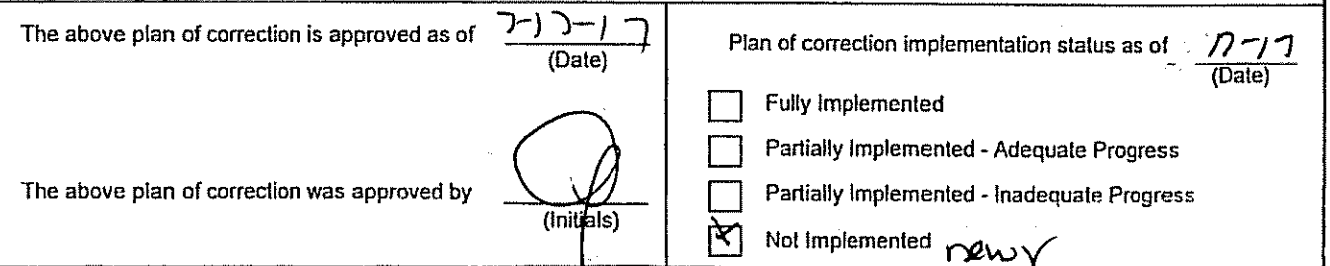
On 5/19/17 at 11:00am, resident #14 was smoking unsupervised in the home's designated smoking area. Resident #3 observed resident #14's hair ignite and reported it to staff person C. When staff person C responded, he/she noted that resident #14's hair was burned off on the top and side of her head. Resident #14 was taken to the emergency room for evaluation and treated for a superficial burn on his/her forehead. Resident #14's RASP dated 9/15/16 has not been updated regarding this incident and does not indicate how the home will monitor the resident in the smoking area to prevent further injury.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.227(d) on 6/2/2017 the RASP was updated by the care coordinator [redacted] Monitoring Plan: Resident #14 will be encouraged to follow house rules and fire safety rules and staff will be required to be more diligent during Quality / Safety checks to insure resident #14 does not possess contraband.

To ensure compliance with Regulation 2600.227 (d) the Director of Social Services or designee will audit resident RASPs, following an incident or change in condition, to verify the appropriateness of the support plan to promote that the highest level of quality of care is provided to residents.

plan updated number & frequency of Safety Checks



Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman, MBA, NHA — Date 7/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-13-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 7-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented new

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: MT TREXLER MANOR	**License Number:** 21663
Address: 5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060	**County:** Lehigh
Administrator: Christopher Troutman	**Region:** NORTHEAST

Legal Entity Name: TRI COUNTY RESPITE INC

Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060

Certificate(s) of Occupancy

C-2 LP
06/22/1999
Pa Dept. of L & I

Staffing Hours

Resident Support: 59	**Total Daily Staff:** 119	**Waking Staff:** 89
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Incident

On-Site Inspections Dates and Department Representatives On-Site

Off-Site Inspection Dates and Inspectors, if Applicable

07/12/2017: Valence, Duane

Other Details

Partial or Full Triggers:

Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 90

Number of Residents Served: 59

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

Receive Supplemental Security Income: 31

Are 60 Years of Age or Older: 13

Have Mental Illness: 59

Have an Intellectual Disability: 3

Have a Mobility Need: 1

Have a Physical Disability: 0

Violation Report: 21663 - 07/12/2017 - Valence, Duane
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The home failed to timely report prescription medication errors involving resident #1's Vyvanse 40mg capsule medication. Resident #1 who is capable of self –administration of his/her medication while away from the home was given 17 Vyvanse capsules to be taken daily at 8:00 am. The resident left the home at 6:00pm on Friday, 6/30/2017 and returned home at 12:00 noon on Friday, 7/7/2017. Upon resident #1's return to the home, 10 of 17 capsules of VyVanse medication were unaccounted for and were not available to the home for daily administration to resident #1. Upon resident #1's return to the facility on 7/7/2017, two staff persons did a quality check of personal items and resident medications. Resident #1's Vyvanse 40 mg were to be administered on Saturday, 7/8/2017 and Sunday, 7/9/2017 at 8:00 am but was not available for administration. None of the staff responsible for the quality check on Friday, 7/7/2017 or medication administration staff on Saturday and Sunday, 7/8 and 7/9/2017 reported the medication error to management. On Monday, 7/10/2017, medication administration staff working the morning shift discovered the medication was not available and reported the medication error to management. The medication errors were not reported to the regional DHS licensing office until 7/10/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.16(c) Incident Reporting: Staff were individually re-educated as to the requirements and importance of reporting medication errors to the Department with 24 hours of it's occurrence. Also reviewed was "how to " complete and submit the internal Medication Error report for supervisory review and completion of the DHS Incident Report form. Other items reviewed specific to medication error reporting include, May/June 2017 Med Tech staff meeting minutes and June/July 2017 staff memorandums. Additionally placed within the med room were postings directing staff as to the expectated reporting process outcome. At the July 2017 Med Tech staff meeting, staff will review the MTM PCH Medication Error Reporting policy and procedure, and will review the internal tool. (See attachments.)

Administrator will periodically review MARs, communications to physicians and internal communication documents in order to attain & maintain ongoing compliance. [initials] 9-12-17

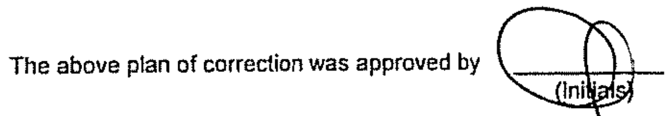
Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MHA, NHA, PCHA — **Date** 7/24/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-12-17 (Date)



The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of ~~9-12-17~~ 9-18-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [x] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 07/12/2017 - Valence, Duane
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
– The home failed to follow the directions of resident #1's prescriber for administration of resident #'1 s Vyvanse 40mg medication which is to administered daily at 8:00 am. Resident #1 did not receive his/her Vyvanse medication on Saturday, 7/8/17, Sunday,7/9/17 and on Monday, 7/10/17 at the prescribed times due to the medication not being present in the home for administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(d) Medication Record - Administration times: staff will follow the directions of the prescriber. To ensure compliance at the July 2017 Med Tech staff meeting, staff will review the MTM PCH Medication Error Reporting Policy and Procedure that outlines the process to be used when notifying the prescriber and designate. Additionally, in the event the medication is "accidentially" destroyed by the resident, and a refill of the medication from the pharmacy or a new prescription cannot be obtained from the prescribing physician (due to request for an on-site re-evaluation of the resident,) staff will explore with the prescribing physician the option of obtaining a discontiuation order until a prescription / medication is ordered and available on-site for administration to the resident. Upon receipt this order will be noted within the MAR. (See attachments.)

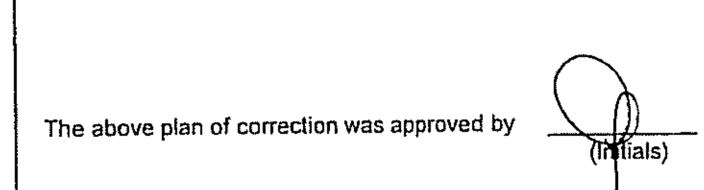
Repeat Violation: ~~No~~ Yes	Date(s) of Previous Violation(s):	6	1	2014		

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA NHA PCHA — Date 7/24/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-12-17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented

Violation Report: 21663 - 07/12/2017 - Valence, Duane
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
– The home failed to follow the directions of resident #1's prescriber for administration of resident #'1 s Vyvanse 40mg medication which is to administered daily at 8:00 am. Resident #1 did not receive his/her Vyvanse medication on Saturday, 7/8/17, Sunday,7/9/17 and on Monday, 7/10/17 at the prescribed times due to the medication not being present in the home for administration.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.188(b) Medication Error: staff were re-educated as to the notification requirement to be made with resident's designated person and prescriber. To ensure continuing compliance, at the July 2017 Med Tech Staff meeting, staff will review the MTM PCH Medication Error Reporting Policy, Reporting Procedure and Reporting tool to be followed and implemented by staff. This process outlines as required the process to be used when notifiying prescriber and designated person. Additionally, in the event the medication is "accidentially" destroyed by the resident, and a refill of the medication from the pharmacy or new prescripition cannot be obtain from the prescribing physician (due to request for an onsite reevaluation of the resident,) staff will explore with the prescribing physician the option of obtaining a discontinuation order until a prescription / medication is ordered and available on site for administration to the resident. Upon receipt this order will be noted within the MAR. (See attachments.)

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA Date 7/24/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-12-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☒ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: MT TREXLER MANOR	**License Number:** 21663
Address: 5201 ST JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060	**County:** Lehigh
Administrator: Christopher Troutman	**Region:** NORTHEAST

Legal Entity Name: TRI COUNTY RESPITE INC

Legal Entity Address: 5201 ST. JOSEPH RD PO BOX 1001, LIMEPORT, PA 18060

Certificate(s) of Occupancy

C-2 LP
06/22/1999
L&I

Staffing Hours

Resident Support: 0	**Total Daily Staff:** 65	**Waking Staff:** 49
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)

Interim, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site

08/17/2017: Novak, Ryan; Foulkes, Kimberli; Yellenic, Cindy; Hummel, Jesse

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers: **Random Indicators:**

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 90

Number of Residents Served: 64

Secured Dementia Care Unit in Home: No

Area:

Secured Dementia Unit Capacity, if Applicable:

Number of Residents Served in Secured Dementia Care Unit, if applicable:

Number of Current Hospice Residents: 0

Number of Hospice Residents in past year: 0

Number of Residents who:

- **Receive Supplemental Security Income:** 29
- **Are 60 Years of Age or Older:** 21
- **Have Mental Illness:** 64
- **Have an Intellectual Disability:** 4
- **Have a Mobility Need:** 1
- **Have a Physical Disability:** 0

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT. TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Staff interviews determined that direct care staff person A was heard/observed speaking derogatorily towards resident #1. The staff person was heard telling the resident "You are so gross, you stink." This mistreatment of the resident was reported and the facility staff were aware of it, however the facility did not submit a reportable incident to the Department regarding the violation of resident #1's rights.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

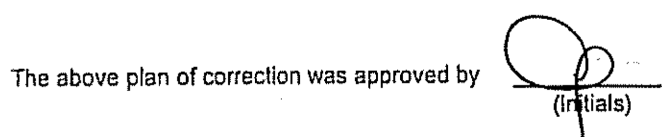
See Attachment: Exhibit A

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page) Christopher Troutman

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christopher Troutman MBA, NHA, PCHA — Date 9/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!



The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by ____ (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [x] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

-Exhibit A-

RPA 8/14

2600.16 (c)

During inspection and verification on August 17, 2017, the lead licensing rep notified the administrator that, during staff interviews, an incident of suspected rights violation was reported to a licensing rep conducting the interviews.

The lead licensing rep reports that an employee reported that "Employee A" had been overheard speaking "derogatorily" to Resident #1. The staff member reporting this to the licensing rep reports that it had been reported to the employee's supervisor.

The supervisor identified by the employee was interviewed by the lead licensing rep with the administrator present. During said interview, the supervisor denies receiving any such report from staff and reports that "Employee A" was dismissed from Mount Trexler Manor on [redacted] 2017 due to ongoing performance issues related to such areas of call-offs and productivity . Due to this dismissal, "Employee A" was not available for interviewing.

The licensing rep who received the report from the staff conducted an interview with Resident #1. The interviewing licensing rep reported to the administrator, with the lead licensing rep present, that Resident #1 did not offer any information regarding the alleged incident.

Taking into consideration that the report made by staff could not be substantiated through interviews with staff and Resident #1, Mount Trexler Manor respectfully requests that violation 2600.16 (c) be withdrawn from the record.

Although Mount Trexler Manor does not agree with the aforementioned 2600.16 (c) violation, we recognize the seriousness of such types of incidents and are fully committed to preventing such occurrences. In an effort to prevent incidents and to maintain compliance with 2600.16 Mount Trexler Manor will institute the following:

1. Mount Trexler Manor staff will be re-educated within 45 days on the following topics:
   a. Resident Rights (2600.42a-q)
   b. Act 13 (2600.15 a-d)
   c. Act 70 (2600.15 a-d)

During the June 2017 and July 2017 mandatory staff meetings Mount Trexler Manor staff were educated on Resident Rights (June 2017) and Act 13, Act 70 (July 2017). Additionally, staff that had not attended mandatory staff meetings were trained on subsequent dates to ensure training compliance. Attached are copies of sign-in sheets.

Please submit sign in sheets upon completion. AG.

2. Mount Trexler Manor management team members will receive comprehensive training from that administrator or designee on 2600.15 and 2600.16 within 45 days to ensure regulatory compliance and to gain knowledge on when, why and how to report an incident for the assurance of quality of care and a safe living environment for Mount Trexler Manor residents.
3. Mount Trexler Manor will evaluate the effectiveness of the orientation program to determine if additional training is needed to better convey the importance of resident rights and abuse reporting.

AG 9-8-17

Christopher Tuchman 9/6/17

4. Small group discussion will be scheduled within 30 days of completion of the aforementioned retraining to measure the effectiveness of the trainings and retention of material trained.
5. Resident Rights questionnaires will be developed within 30 days and will be distributed to residents and staff weekly x 1 month and monthly thereafter to determine if concerns exist and to ensure that all concerns are being reported. The questionnaires will be reviewed by the administrator/designee and action will be taken in a timely manner.
6. Mount Trexler Manor will institute a suggestion box within 45 days to allow for anonymous reporting. The suggestion box will be checked daily by the administrator/designee and all concerns will be addressed within a timely manner. The purpose and use of the suggestion box will be discussed in the retraining sessions and will be communicated to all residents through a house meeting.

The Administrator will oversee these steps in order to ensure ongoing compliance. [illegible] 9-8-17

[signature] 9/6/17

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the facility on [redacted]17. The resident has a previous history of physical violence towards others. The residents Assessment and Support Plan finalized on 1/22/17 indicates that the resident was increasingly agitated and aggressive with staff and peers and making threats to cause harm. On 6/25/17 at 3:00pm resident #2 physically assaulted resident #3 in the public restroom. Resident #3 suffered from facial lacerations and several broken ribs. The facility had knowledge of the violent history of resident #2 however the facility failed to meet the resident's needs in order to keep the resident as well as the other residents of the facility safe.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment: Exhibit B

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Trautman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Trautman MBA, NHA, PCHA — Date 9/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- ☐ Fully Implemented
- ☐ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☒ Not Implemented

-Exhibit B-

P3A 8/14

2600.42 (b)

In response to violation 2600.42 (b) involving Resident #2 and Resident #3, Mount Trexler Manor respectfully disputes the assertion that the facility failed to meet the needs of the residents.

Resident #2 aggressive behaviors (verbally and physically) were acknowledged on the support plan. Additionally, in the support plan it was noted that if Resident #2 would exhibit any type of aggressive behaviors that increased monitoring would occur.

Resident #2 had displayed episodes of aggressive behavior in January of 2017, in which, Mount Trexler Manor had instituted 15 minute monitoring checks. Then on 2/2/2017 a team meeting was held with Resident #2, the care coordinator, therapist, psychiatrist, administrator, private case manager and members of the clinical team.

Following this meeting there were no notable or reportable incident of violence or aggressive behavior until the June 25, 2017 incident. Between the periods of ███17 admission until Resident #2 immediate discharge on ████17 Resident #2 remained on 15 to 30 minute checks and was prompted daily to attend treatment and mentoring. Mount Trexler Manor believes it took appropriate action to monitor Resident #2 behaviors.

In response to the issuing incident, Mount Trexler Manor took immediate action to meet the needs of the residents by issue a medically supported immediate discharge in accordance with 2600.228 (h) 1 and through discussion of immediate discharge with DHS Regional Licensing Director on ███-17. See attached copy of the medically supported immediate facility discharge.

Although Mount Trexler Manor believes it acted appropriately in accordance with 2600.42 (b), the facility recognize the seriousness of such types of incidents and are fully committed to preventing their occurrences. In an effort to prevent such incidents and to maintain compliance with 2600.42 (b) Mount Trexler Manor will institute the following:

1. Mount Trexler Manor will continue to do a comprehensive intake and risk assessment of all residents being considered for admission.
2. A behavioral assessment tool will be created by the administrator/designee to evaluate residents that have a history of aggressive behavior.
3. Following admission, all residents that have been identified as being at risk for displaying aggressive behaviors will have a behavioral assessment completed by social services/care coordinator/designee at admission, and at the 15 day and 30 day mark to ensure safety of self and others.
4. All findings from the assessments will be reflected in the residents support plan and will be communicated to the resident's clinical team.
5. All residents admitted with a history of aggressive behavior will be placed on 15 minute checks x 30 days. The frequency of checks following the 30 day period will be determined by the following:
    a. Resident's behaviors
    b. Results of behavioral assessments
    c. Feedback and recommendation made by the resident's clinical team.

9-8-17

Christopher Cutrera 9-6-17

P 3 of 14

6. Following the completion of the 30 day assessment period, behavioral assessments will be done quarterly to ensure the support plan meets the needs of the resident and any changes will be documented on the support plan.

The Administrator will oversee the steps noted to ensure ongoing compliance. Cf. 9-8-17

[signature]
9/6/17

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
Staff interviews determined that direct care staff person A was heard/observed speaking derogatorily towards resident #1. The staff person was heard telling the resident "You are so gross, you stink." Residents have the right to be treated with dignity and respect. Staff person A violated this right of resident #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attachment: Exhibit C

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Troutman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MBA, NHA, PCHA — Date 9/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

-Exhibit C-

p 44 of 14

2600.42 (c)

During inspection and verification on August 17, 2017, the lead licensing rep notified the administrator that, during staff interviews, an incident of suspected rights violation was reported to a licensing rep conducting the interviews.

The lead licensing rep reports that an employee reported that "Employee A" had been overheard speaking "derogatorily" to Resident #1. The staff member reporting this to the licensing rep reports that it had been reported to the employee's supervisor.

The supervisor identified by the employee was interviewed by the lead licensing rep with the administrator present. During said interview, the supervisor denies receiving any such report from staff and reports that "Employee A" was dismissed from Mount Trexler Manor on [redacted] 2017 due to ongoing performance issues related to such areas of call-offs and productivity . Due to this dismissal, "Employee A" was not available for interviewing.

The licensing rep who received the report from the staff conducted an interview with Resident #1. The interviewing licensing rep reported to the administrator, with the lead licensing rep present, that Resident #1 did not offer any information regarding the alleged incident.

Taking into consideration that the report made by staff could not be substantiated through interviews with staff and Resident #1, Mount Trexler Manor respectfully requests that violation 2600.16 (c) be withdrawn from the record.

Although Mount Trexler Manor does not agree with the aforementioned 2600.42 (c) violation, we recognize the seriousness of such types of incidents and are fully committed to preventing their occurrences. In an effort to prevent incidents and to maintain compliance with 2600.42 (c) Mount Trexler Manor will institute the following:

1. Mount Trexler Manor staff will be re-educated within 45 days on the following topics:
    a. Resident Rights (2600.42a-q)

During the June 2017 mandatory staff meeting Mount Trexler Manor staff were educated on Resident Rights. Additionally, staff that had not attended mandatory staff meetings were trained on subsequent dates to ensure training compliance. Attached are copies of sign-in sheets from the training sessions.

During the August 2017 mandatory staff meeting Mount Trexler Manor staff were educated on Mental Illness and Introduction to the Recovery Model. This training outlines; the types of mental illness experienced by the residents; approaches taken to improve healthy engagement between staff and residents; the importance of establishing boundaries; and strategies for self-care of the staff so to reduce burnout and stress. Attached are copies of sign in sheets from the training sessions.

2. Mount Trexler Manor will evaluate the effectiveness of the orientation program to determine if additional training is needed to better convey the importance of resident rights.

3. Small group discussion will be scheduled within 30 days of completion of the aforementioned retraining to measure the effectiveness of the trainings and retention of material trained.

9-8-17

Christopher Cochran 9/6/17

4. Resident Rights questionnaires will be developed within 30 days and will be distributed to residents and staff weekly x 1 month and monthly thereafter to determine if concerns exist and to ensure that all concerns are being reported. The questionnaires will be reviewed by the administrator/designee and action will be taken in a timely manner.

Employees of BHSCI / DHS licensed homes are mandated reporters. 9-8-17

5. Mount Trexler Manor will institute a suggestion box within 45 days to allow for anonymous reporting. The suggestion box will be checked daily by the administrator/designee and all concerns will be addressed within a timely manner. The purpose and use of the suggestion box will be discussed in the retraining sessions and will be communicated to all residents through a house meeting.

6. Mount Trexler Manor staff will be educated within 45 days on following topic:
   a. "Customer Service"

Customer service training will focus on how to effectively communicate with the residents to better meet the residents' needs. The training will discuss following; appropriate choice of words; appropriate use of tone and rate; and inflection to ensure that residents are treated with respect and dignity, while reducing the risk of misinterpretation of a verbal interaction by residents, staff and visitors.

Christopher Cintron
9/6/17

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
(1) Identify the correct resident.
(2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
(3) Remove the medication from the original container.
(4) Crush or split the medication as ordered by the prescriber.
(5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
(6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
(7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

Resident #4 requires assistance with medication administration. On 8/14/17 the resident was discharged from the hospital. The hospital discharge paperwork was not reconciled with the medication administration record (MAR). Staff continued to initial medications as administered even though the medication administration record did not match the label on the medication rolls or the medications that were in the rolls from 8/14/17 through 8/17/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.182(c) Upon investigation on August 17, 2017 while reviewing orders against the MAR, the Med Room nurse assistant discovered the documentation error and rewrote the physician order on the MAR to accurately reflect the order change dated 8/14/17 and the resident was provided with Creon an accepted pharmaceutical also known as Pancrelipase through West End Services/Pharmacy (see attachment).

In order to improve compliance in this area, all med administration staff will receive medication remediation training within 30 days of receipt of this response.

Repeat Violation: No	Date(s) of Previous Violation(s):		

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christopher Troutman NHA, NHA, PCHA

Date 9/6/17

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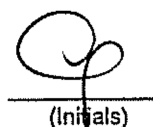
The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by



(Initials)

Plan of correction implementation status as of 9-8-17 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
On 8/17/17, Resident #5's Neomycin Polymyxin HC, ear drops was opened and not labeled with the date it was opened.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.183(e) to address compliance specfic to accurate labeling, the primary day shift med tech will conduct daily audits of all resident OTC and CAM. Audit will include the following:

1. Physician order
2. Date open/expiration labels on medication box, vial, container or tube.

The administrator/designee will track and verify that OTC and CAM audits have been completed daily

During the August 31, 2017 med tech staff meeting, staff were re-educated to proper labeling standards. Additionally, shared with staff is the responsibility to monitor their own work on a daily basis, while noting that failure to adhere to med room policy and procedure will result in performance review and potential disciplinary action.

In order to improve compliance in this area, all med administration staff will receive medication remediation training within 30 days of receipt of this response.

Administrator will oversee in order to ensure ongoing compliance. CP. 9-8-17

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Troutman MBA, NHA, PCHA — Date 9/6/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by CP (Initials)

Plan of correction implementation status as of 9/8-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [x] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
~~PCH Name: MT TREXLER MANOR~~

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed Lorazepam 1mg tablet, take one tablet by mouth every 8 hours as needed. This mediation was not available in the home's medication cart.

Resident #4 is prescribed Glucose Gel, as needed. This medication was not available in the home's medication cart.

Resident #6 has a physician's order for Docusil 100mg.softgel as a PRN medication. On 8-17-17 the medication was not available.
Resident #10's glucometer was not calibrated to the correct time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.185(a), Resident #1: staff was awaiting a requested new script from the prescriber. Upon inspection, staff recontacted the prescriber, obtained the prescription and faxed the prescripiton to West End Services. This medication was delivered on 08/19/2017.

Resident #4: the resident went on an LOA with family and upon her return a medication reconcilliation was completed. The Glucose Gel was not provided upon her return. Staff failed to notify the supervisor and or nurse assistant.

Resident #6: Med room staff (15) days prior to the end of this prescription begin contacting the Wilkes-Barre VA for a refill of the Docusil. Although may attempts were made throughout the 15 day period, the Wilkes-Barre VA failed to send Mount Trexler Manor either a new refill prescription and or the medication. On 8/17/17, post the DHS inspection the primary med tech on duty contacted West End Services who sent the medication on the second med run of that day.

In order to improve compliance in this area, all med administration staff will receive medication remediation training within 30 days of receipt of this response.

Additionally, Mount Trexler Manor's Veteran liaison will contact representatives at the regional VISN: Veteran's Integrated Service Network in an attempt to remediate the delays associated with aquiring medication and prescriptions from the Veteran Hospitals providing care to Mount Trexler Manor Veteran residents (Resident #6).

For Resident #10: On 8/17/17 post DHS inspection, the med room nurse assistant recalibrated the glucometer to the correct time. During the 8/31/17, med room staff were re-educated to the importances of Diabetic Managment and proper storage, administration and documentation. In order to improve compliance in this area, on 09/28/17, all med tech staff will receive retraining in PA DHS Diabetic Overview 106 through contract training provider Star Seip.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page)	[signature]
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Christopher Trautman MBA, NHA, PCHA — Date 9/8/17

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by (Initials)

Plan of correction implementation status as of 9-18-17 (Date)

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT. TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #6 receives accu- checks four times a day at 8am, 12pm, 4pm and 8pm. On 8/9/17 at 8am there was no blood glucose reading in the resident's glucometer and 132 was documented on the Medication Administration Record (MAR). On 8/15/17, at 4pm there was no blood glucose reading in the resident's glucometer and 215 was documented on the resident's MAR. On 8/15/17, there were two readings, one at 3:21pm of 213 and one at 5:16pm of 71, neither of which matched the documentation. On 8/16/17, at 12pm there was no blood glucose reading in the resident's glucometer and 156 was documented on the resident's MAR. On 8/16/17, there were two readings, one at 12:03pm of 150 and one at 1:41pm of 45, neither or which matched the documentation.

The medication administration record (MAR) for resident #6 does not include the blood glucose readings for the following dates and times: On 8/12/17 at 8pm glucometer=180, MAR=blank, on 8/16/17 at 4pm glucometer=150, MAR=blank, and on 8/16/17 at 8pm glucometer=195, MAR=blank. On 8/15/17, at 4pm there was no blood glucose reading in the resident's glucometer and 215 was documented on the resident's MAR. On 8/15/17, there were two readings, one at 3:21pm of 213 and one at 5:16pm of 71, neither of which matched the documentation. On 8/16/17, at 12pm there was no blood glucose reading in the resident's glucometer and 156 was documented on the resident's MAR. On 8/16/17, there were two readings, one at 12:03pm of 150 and one at 1:41pm of 45, neither or which matched the documentation.

The medication administration record (MAR) for resident #4 does not match the pharmacy labels on the following medications:

-MAR states, "Clozapine 100mg tablet, take one tablet by mouth two times a day, morning and at bedtime, 8am and 8pm" and "Clozapine 50mg tablet, take one by mouth every day at bedtime, 8pm". The pharmacy label on the medication roll states, "Clozapine 50mg 8am" and "Clozapine 100mg x2, 8pm".

-MAR states, "Zenpep DR 3,000 units, 2 capsule by mouth twice daily". The pharmacy label on the medication roll states, "Creon 3,000 units x 2".

Resident #4 is prescribed Metformin 500mg at 8am and 8pm according to the hospital discharge paperwork dated 8/14/17. This medication was not listed on the resident's Medication Administration Record (MAR). It was in the home's medication rolls and being administered.

Resident #4 was hospitalized on 8/12/17. The medication administration record (MAR) was left blank for that date.

Resident #4's medication administration record (MAR) was left blank for all 8am medications on 8/7/17.

Resident #7 has a physician's order for a blood glucose test to be administered 4 x day. On the following days and times an incorrect blood glucose (BG) number was entered into the Medication Administration Record (MAR): on 8-13-17 at 8:10pm the BG# 304 was recorded in the MAR as 202; and, on 8-15-17 at 6:21am the BG# 76 was recorded in the MAR as 77.
Resident #8's Medication Administration Record was missing the initials that the medications were administered for the following dates and times: 8-1-17 all the resident's 8:00am medications; on 8-2-17 all the resident's 2:00pm and 4:00pm medications.

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 187 (a): For Resident's #6, #7 and #8 med tech staff failed to or inaccurately documented blood glucose readings as indicated within the citation report. During the 8/31/17, med room staff were re-educated to the importance of Diabetic Management and proper storage, administration and documentation. In order to improve compliance in this area, on 09/28/17, all med tech staff will receive retraining in PA DHS Diabetic Overview 106 through contract training provider Star Seip. The home will submit signature sheets to the Regional Office.

Monthly audits for the months of May, June, July and August 2017, reveals one med tech who continues to consistently struggles with policy and procedural directives as it pertains to proper medication administration and documentation Although this employee received retraining through individual supervisory sessions and monthly med tech staff meetings, she continues not to adhere to the respective medication administration policies. This med tech has resigned effective 9/6/17

As part of the July 2017 audit, and due to an unacceptable medication documentation/procedural errors rate, on 8/7/17, within 24 hours this employee received counseling and medication administration documentation re-education training from her supervisor. Additionally on 8/8/17 this employee was suspended for three days due to contiriuing non complaince concerns. On 8/11/17, this employee received full medication remediation training prior to her return to work. Following medication remediation training, this employee submitted her letter of resignation. Effective 9/6/17, is the last day of employment Mount Trexler Manor. Additionally, on the 8/31/17 med tech staff meeting, the refusal reporting process was reviewed.

Beginning October 1, 2017, MTM will implement an electronic EMar system known as QuickMar. It is through the use of this system, medication documentation errors (missed initials, missing or inaccurate blood glucose readings, etc.,) shall be significantly reduced. During the QuickMar set up process, the administrator will be able to set individual employee privileges that will limit med tech ability to move between residents without completing the med pass without accurately documenting the outcome of the pass and also between meds for the same resident. Also within the system will be established standard for sliding scale documentation. Similary, effective this date the med room nurse assistant and primary med tech (dayshift) will conduct daily audits of the glucometers to ensure each are accurately calibrated, readings are being completed as prescribed with correct documented readings.

And, as part of the discussion with DHS newly created blood glucose monitoring and insulin coverage sheet will be implemented for the use of more effectively documenting these med adminstration processes.

For additional response information, please see Exhibit D.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2016	06/01/2016	

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Tinkham

please see p 10 of 14

-Exhibit D-

pg A 8/4

2600.187 (a)

In accordance with Regulation 187(a): For Resident #4 – med tech staff failed to accurately reconcile information between the MAR and the pharmacy labels. The new order of Clozapine 50mg 8am and Clozapine 100mg 2 tablets at 8pm as designated on the pharmacy label on the medication roll was accurately filled as per the prescriber. Staff failed to discontinue the previous orders for these medications on the MAR and add the new orders. Although the medication pass was accurately administered, staff continued to initial it's passing in on the old order within the MAR.

Upon the 8/17/17 DHS inspection noted "MAR states, Zenpep DR 3000 units, 2 capsules by mouth twice daily," yet the pharmacy label on the medication roll indicated "Creon 300 unit. Post inspection the Med Room nurse assistant discontinued the Zenpep order and based on the new order rewrote MAR to reflect Pancrelipase (Creon) also an accepted pharmaceutical. Both Zenpep and Creon are marketed under the Pancrelipase (see attachment).

In order to improve compliance in this area, all med administration staff will receive medication remediation training within 30 days of receipt of this response.

The Administrator will oversee to ensure ongoing compliance. CP. 9-8-17

Christopher [signature]
9/6/17

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT. TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

(1) Resident's name.
(2) Drug allergies.
(3) Name of medication.
(4) Strength.
(5) Dosage form.
(6) Dose.
(7) Route of administration.
(8) Frequency of administration.
(9) Administration times.
(10) Duration of therapy, if applicable.
(11) Special precautions, if applicable.
(12) Diagnosis or purpose for the medication, including pro re nata (PRN).
(13) Date and time of medication administration.
(14) Name and initials of the staff person administering the medication.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MBA, NHA, PCHA	Date 9/6/17

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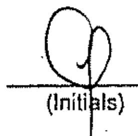
The above plan of correction is approved as of 9-8-17 (Date)	Plan of correction implementation status as of 9-18-17 (Date)
The above plan of correction was approved by  (Initials)	☐ Fully Implemented ☐ Partially Implemented - Adequate Progress ☐ Partially Implemented - Inadequate Progress ☒ Not Implemented

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT. TREXLER MANOR

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the hospital in the evening of 8-2-17. On 8-3-17, Resident #8's 8:00am medications were initialed in the Medication Administration record they had been administered.

[redacted] WITHDRAWN [initials] 9-8-17

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(b), Resident #8:incorrectly documented that the resident refused his medication rather than the resident was in the hospital at the time of this period of administration. Due to continuing medication errors, on 8/7/17, within 24 hours this employee received counseling and medication administration documentation re-education training from her supervisor.

Additionally on 8/8/17 this employee was suspended for three days due to continuing non complaince concerns. On 8/11/17, this employee received full medication remediation training prior to her return to work.

Following medication remediation training, this employee submitted her letter of resignation. Effective 9/6/17, is the last day of employment at Mount Trexler Manor. Additionally, on the 8/31/17 med tech staff meeting, the refusal reporting process was reviewed.

In order to improve compliance in this area, all med tech staff will receive medication remediation training within 30 days of receipt of this response. The home will submit signature sheets to the Regional Office upon completion

[redacted]

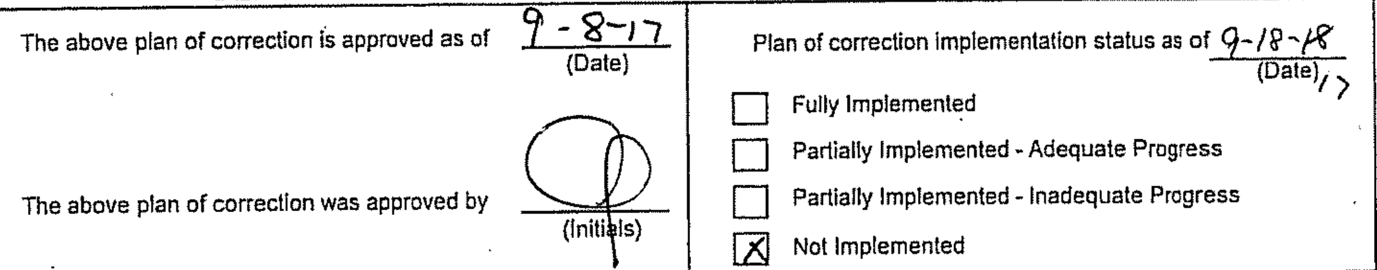
requesting this violation be withdrawn from this report.

supports widrawal

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA — Date: 9/6/17



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The above plan of correction is approved as of 9-8-17 (Date)

The above plan of correction was approved by [initials] (Initials)

Plan of correction implementation status as of 9-18-18 (Date) 17

- [ ] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [x] Not Implemented

Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
On 8/14/17, resident #6 refused to complete a blood glucose reading. The home did not report the refusal to the resident's doctor as required. On 8/3/17, 8/7/17, and 8/9/17 the resident refused their Nicotine Patch 21mg/24hour every day at 8am. The home did not report the refusal to the resident's doctor as required.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

In accordance with Regulation 2600.187(c) for Resident #6: staff failed to notify the prescribing physician as to a 12pm refusal by this resident for blood glucose testing. On the date of inspection, the lead inspector requested this notification be sent to the prescriber, with a copy sent to the inspector by end or business on 8/18/17 (see attachment).
At the 8/31/17 med tech staff meeting staff were re-educated to the refusal process. In order to improve compliance in this area, all med administration staff will receive medication remediation training and training on regulations related to med administration within 30 days of receipt of this response.

Resident #6: the 8/3/17, 8/7/17 and 8/9/17 medication refusal forms were available for review by the DHS inspector. These completed forms were located on the desk adjacent to the med cart. Unfortunately when asked by the inspector to review these refusal, staff failed to show them to the inspector. On 8/17/17 during the exit interview the lead inspector requested this notification be sent to the prescriber, with a copy sent to the inspector by end or business on 8/18/17. It was during the internal review process that the supervisor found the previously completed refusals and submitted them to DHS for review (see attachments). Due to discovery of the medication refusal forms, Mount Trexler Manor respectfully requests this section of the violation be withdrawn from the record.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/16/2016	06/01/2016	

Signature of Legal Entity Representative (Required on EVERY Page): [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA
Date: 9/6/17

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Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #6 receives accu checks four times a day at 8am, 12pm, 4pm and 8pm. On 8/10/17 at 12pm, 8/14/17 at 12pm, and 8/15/17 at 12pm, there was no blood glucose reading in the resident's glucometer and there was no blood glucose documented on the resident's Medication Administration Record (MAR).

Resident #7 has a physician's order for a blood glucose (BG) test to be administered 4 x daily, along with insulin coverage based on a sliding scale before meal time. On the following dates and times the home either did not administer the BG test or did not administer the correct amount of insulin based on the resident's sliding scale: on 8-9-17 at noon the BG# 217 required 5 units of insulin the resident received 0; on 8-9-17 at 5:00pm the BG# 123 required 1 unit of insulin the resident received 0; on 8-10-17 at noon the BG# 149 required 2 units of insulin the resident received 0; on 8-11-17 at noon the BG# 263 required 8 units of insulin the resident received 0; on 8-12-17 at 8:00am the BG# 134 required 1 unit of insulin the resident received 0; on 8-12-17 at 5:00pm the BG# 124 required 1 unit of insulin the resident received 0; on 8-13-17 at 8:00am the resident did not have a BG test administered; on 8-14-17 at noon the BG# 180 required 3 units of insulin the resident received 0; on 8-15-17 at noon the BG# 235 required 6 units of insulin the resident received 0; on 8-16-17 at 8:00am and at noon the resident was not administered a BG test; and on 8-16-17 at 5:00pm the BG# 276 required 8 units of insulin the resident received 0; and on 8-17-17 at 8:00am the BG# 175 required 3 units of insulin the resident received 0.

Resident #9 has an order for blood glucose readings 4 times daily, on 8/14 & 8/15/17 at 12pm the readings were not completed.

Resident #10 has an order for blood glucose readings once daily, on 8/14/17 the reading was not completed.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Exhibit E

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Christopher Troutman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Troutman MBA, NHA, PCHA — Date 9/6/17

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Violation Report: 21663 - 08/17/2017 - Novak, Ryan
PCH Name: MT TREXLER MANOR

1. REGULATION 55 Pa.Code §2600
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
Based upon resident and staff interviews as well as Department observation, resident #11 utilizes a walker and at times a wheel chair to ambulate. The residents Assessment and Support Plan finalized on 8/1/17 indicates the resident is independent ambulating and does not use any assistive devices.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

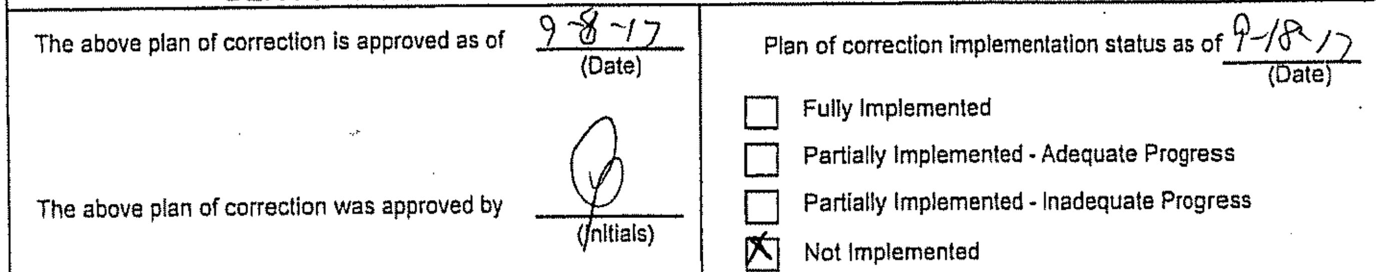
In accordance with Regulation 2600.227(d), Social Services staff did not update the residents RASP to define her need for assisted ambulatory devices as there currently is no physicans order for such equipment. As part of this resident mental health diagnosis this resident exhibits behavioral issues resulting in her intermittently throwing herself on to the floor and in an attempt to assist this resident to a standing position, this resident allows her body to go limp. In order to avoid injury, MTM provided her with a wheelchair and walker that were received from MTM donations. On September 14, 2017 at 9:20 am, this resident is scheduled to meet with Dr. [redacted] (PCP) to complete the annual MA 51 and DME process. At this time staff will review with the physician the behavioral concerns resulting in falling to determined if assisted equipment is warranted.

If the PCP determines the need and documents the findings as such on the MA 51 and DME, staff will obtain the necessary physicians order confirming the need for assisted equipment and the RASP will be updated noting this change.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/01/2016		

Signature of Legal Entity Representative (Required on EVERY Page): Christopher Trautman

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Christopher Trautman MBA, NHA, PCHA | Date 9/6/17



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